PRINTED: 03/02/2015 FORM APPROVED Hawaii Dept. of Health, Office of Health Care Assurance (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: B. WING 125005 02/13/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1205 ALEXANDER STREET** ISLAND NURSING HOME HONOLULU, HI 96826 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 4 000 11-94.1 Initial Comments 4 000 11-94.1-21 Arrangement for Services 1. Corrective Action for Resident in Sample: A re-licensing survey was completed on All ventilator equipment in use during the 02/13/2015. Entrance to the facility was on were within the recommended survey 02/09/2015 with a resident census of 41 and a maintenance cycle, however, they were overdue bed count for 42. for an annual inspection, as per facility's policy. On 2/18/2015, four inspected ventilators were 4 098 received by the vendor to replace the four 4 098 11-94.1-21 Arrangement for services ventilators in use in the survey sample. The ventilators were exchanged and the uninspected When the facility does not employ a qualified ventilators were sent back to the vendor for person to render a required or necessary service, inspection and/or servicing. Three additional it shall have a written agreement or contract with inspected ventilators were received on 3/5/15 & a qualified outside person or provider to provide 3/6/15 to replace the three back up ventilators. the needed service. The backup ventilators were exchanged and the uninspected ventilators were sent back to the vendor for inspection and/or servicing. 3/6/15 This Statute is not met as evidenced by: Based on observation, record review and staff All enteral feeding pumps in the facility were interviews, the facility failed to maintain resident inspected by Maintenance between 2/13/15 to 2/16/2015 according to the manufacturer's care equipment in a safe operating condition for 4 recommended annual test and all enteral pumps of 4 ventilator dependent residents and 3 of 10 were tagged with the date of inspection and next residents receiving enteral nutrition via enteral inspection due date. 2/16/15 feeding pumps of the 27 in the residents sample. 2. Identification of Other Resident Having Findings include: the Potential of Being Affected: All other resident care equipment (regardless of On 2/12/15 at 10:39 A.M., concurrent observation equipment ownership) were identified to with the Director of Maintenance found the determine if all inspections and/or servicing ventilator check dates written on the vellow were conducted, as per manufacturer's stickers on Residents #42, #18, #20 and #5's All other resident care recommendations. equipment that was determined to require ventilators revealed they were overdue from inspection and/or servicing were completed. 2/28/15 2013. The two back-up ventilators also had expiration dates from 2013. For Residents #42. 3. Corrective Action/Systemic Changes: #18 and #5, it was also found their enteral

Office of Health Care Assurance

past year.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

feeding pumps had not been inspected for the

On 2/12/15 at 1:51 P.M., during an interview with the Administrator, he stated the vendors were supposed to have kept up with the exchanging of the ventilators. He stated that on the Island

Helex M. Gagi

Administrator

All resident care equipment are now included in

the maintenance logs and are tracked (regardless

of equipment ownership) to assure timely inspections and/or servicing are conducted and

(X6) DATE

3/13/15

XZ\

If continuation sheet 1 of 7

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Hawaii [Dept. of Health, Offic	e of Health Care Assuranc				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	125005		B. WING		02/13/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ISLAND NUDSING HOME			XANDER ST LU, HI 96820			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPLETE	
4 098	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		4 098	are adhered to, as per manufercommendations. 4. Monitoring of Corrective A Ensure No Recurrence: The QAAC shall monitor all resiequipment, regardless of equipment of through the Maintenance quarterly QA ensure timely inspections and/or service conducted, as per manufercommendations.	ctions to dent care ownership,	2/18/15 2/28/15 Ongoing

with their own policy.

4 102 11-94.1-22(d) Medical record system

shall also include:

The Head of Maintenance and the Administrator verified there were no logs kept in accordance

(d) Records to be maintained and updated, as necessary, for the duration of each resident's stay

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4 102

Hawaii Dept. of Health, Office of Health Care Assurance (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING 125005 02/13/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1205 ALEXANDER STREET ISLAND NURSING HOME HONOLULU, HI 96826 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) 4 102 4 102 Continued From page 2 11-94.1-22(d) Medical record system (1) Appropriate authorizations and consents 1. Corrective Action for Resident in Sample: for medical procedures; The DON met with the charge nurse involved and discussed the facility policy infraction, in (2) Records of all periods, with physician orders, regards to PRN medication administration and of use of physical or chemical restraints with proper documentation, with the resident in justification and authorization for each and sample. 2/12/15 documentation of ongoing assessment of A copy of the facility's policy and procedures resident during use of restraints; on PRN administration and documentation was given and reviewed with (3) Copies of initial and periodic this charge nurse, to ensure that this licensed examinations and evaluations, as well as staff will administer PRN medications, in progress notes at appropriate intervals; accordance with the facility's policy, and that each PRN medication administered is (4) Regular review of an overall plan of care documented properly. 2/12/15 setting forth goals to be accomplished through individually designed activities, therapies, and The importance of accurate documentation was treatments, and indicating which professional also discussed with this licensed staff, using the record of resident in sample, as an example, and services or individual is responsible for providing the implications of inaccurate documentation, the care or service; and how it affects the resident's medical condition. 2/12/15 (5) Entries describing all care, treatments, medications, tests, immunizations, and all All licensed staff was reminded to ensure that ancillary services provided; and this resident is thoroughly assessed for presence of pain daily, and is medicated properly as (6) All physician's, physician assistant's, or indicated. 2/23/15 APRN's orders completed with appropriate documentation (signature, title, and date). 2. Identification of Other Resident Having the Potential of Being Affected: An audit of all residents' medical records, especially those residents who are on pain This Statute is not met as evidenced by: management program, will be conducted to Based on record review, staff interview and ensure that thorough assessment, before and review of the facility's policy and procedure, the after administering PRN medication, is facility failed to ensure the clinical record completed, and the assessment results are contained accurate documentation for 1 of 2 accurately documented in each resident's residents reviewed for pain management of 27 in record 3/11/15 the residents sample. Findings include:

During the Stage 1 and 2 observations and interviews with Res #18, it was found she experienced pain to her legs but was able to ask

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in their policy.

practices

On 2/12/15 at 3:15 P.M., the Director of Nursing (DON), produced the policy on pain management. She stated the licensed staff are to document accurately and are required to do a reassessment whenever a pain medication is given as outlined

4 115 11-94 1-27(4) Resident rights and facility

4 115

Hawaii F	ent of Health Office	e of Health Care Assuranc			FORM A	PPROVED		
Hawaii Dept. of Health, Office of Health Care Assuranc STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		125005	B. WING		02/13	3/2015		
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE				
ISLAND	ISLAND NURSING HOME 1205 ALEXANDER STREET HONOLULU, HI 96826							
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTI	ON	(X5)		
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE		
4 115	responsibilities of restay in the facility sibe made available legal guardian, surrepresentative payer equest. A facility rights of each resid (4) The right to self-determination, access to persoutside the facility; This Statute is not Based on observat facility failed to promanner and in an enhances each residil recognition of h27 in the residents Findings include: 1. During the third observation on 2/9 nurse aide (CNA #2 (Res) #24's bedsid the bed raised high confirmed she was resident, "but no chaid they only had	arding the rights and esidents during the resident's hall be established and shall to the resident, resident family, rogate, sponsoring agency or see, and the public upon must protect and promote the ent, including: a dignified existence, and communication with and ons and services inside and met as evidenced by: ion and staff interviews, the mote care for residents in a environment that maintains or ident's dignity and respect in is or her individuality for 2 of sample. floor in-room breakfast	4 115	11-94.1-27(4) Resident rights ampractices 1. Corrective Action for Resident in The DON met with both nursing staf (CNA #1 & #2), reviewed resident's facility policy and practices, when caresident, with emphasis on maintenhancing each resident's dignity and Proper feeding technique was also revidiscussed with both staff, to entresident in the facility is free from aspiration during feeding. Both staff was counseled. 2. Identification of Other Resident the Potential of Being Affected: The DON, and the charge nurses on will closely monitor all staff daily diduring feeding, and while giving assigned resident's daily needs, to ensure that delivers care to all residents with different any accident, such aspiration feeding. 3. Corrective Action/Systemic Charantal staff in-service on Caring for with Dignity and Respect was contensure that all staff are reminded importance of maintaining and resident's dignity and respect in the care. An all staff in-service and review on rights, was also conducted, to remind that each resident is entitled of their rightividual, and as a resident of this individual, and as a resident of this individual, and as a resident of this individual, and as a resident of this individual in the care individual, and as a resident of this individual in the care individual in the care individual in the care individual, and as a resident of this individual in the care individual individual in the care individual	n Sample: If involved rights and aring for a taining or respect. Viewed and sure each m risk of the floors, uring care, sistance to at the staff ignity and atts are free on during the enhancing delivery of resident's duthe staff ights as an	2/13/15 2/13/15 2/13/15 Ongoing		
	observation on 2/9	and floor in room breakfast /15 at 8 01 A M CNA #1 was at Res #12's bedside CNA #1		regardless of their medical status.		3/12/15		

was seen placing a spoon with whitish soft mush

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4 160

during feeding, and when assisting the residents.

All observations will be documented, and

reported to the quarterly QA meeting, and

necessary actions will be implemented by the

DON, as appropriate.

4 160 11-94.1-41(b) Storage and handling of food

bedside and/or sit beside the resident.

(b) Effective procedures to promptly and consistently clean all equipment and work areas shall be enforced.

to awaken the resident by calling out her name,

talk into her ear to explain breakfast was at

This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the kitchen staff followed proper sanitation practices for the manual washing and sanitizing of dishes using the 3 compartment sink.

Findings include:

During the initial kitchen tour on 2/9/15 at 6:59 A.M., the head cook demonstrated the use of their 3 compartment sink used for manual washing and sanitizing of dishes. The head cook dipped a test strip into the compartment containing the iodine sanitizing solution "for 60 seconds," but removed it approximately 30

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2/13/15 Ongoing

		e of Health Care Assuranc			FORM A	03/02/2015 PPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
125005			B. WING		02/13/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
ISLAND	NURSING HOME		XANDER ST LU, HI 96826			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		D BE	(X5) COMPLETE DATE		
4 160	160 Continued From page 6		4 160	11-94.1-41(b) Storage and handling of food		
	sheet said the test	vever, the directions on the log strips were to be immersed in a 5 seconds. This procedure a the head cook.		1. Corrective Action for Resident in The dietary manager updated the system for the 3 compartment sink an new sanitizing dispensing equipment.	sanitizing	2/12/15
	The head cook then matched the test strip against the legend on the test strip holder and read it at 75 parts per million (ppm). The head cook said it had to read between 50-75 ppm to be effective. A review of the daily log sheet found the kitchen staff recorded all of the test strip readings at 25 ppm. Yet, the head cook did not			All dietary staff received inservice o sanitizing system. 2. <u>Identification of Other Resider the Potential of Being Affected:</u> All equipment and systems currently dietary staff have been checked to encore procedures are being followed.	nt Having y used by ensure that	2/12/15

2/12/15, it was revealed the kitchen staff were using the wrong test strips to obtain the readings. In addition, the Dietary Manager stated the iodine sanitizing agent was outdated and they were replacing it with a new sanitizing agent on 2/12/15.

During an interview with the Dietary Manager on

know why the kitchen staff were writing 25 ppm when there was no 25 ppm on the legend to

match it with.

All employees received inservice on the new system.

4. Monitoring of Corrective Actions to Ensure No Recurrence:
Random checks throughout the quarter by the dietary manager and dietitian will be conducted to ensure that the staff know and understand proper sanitation procedures.

The results of this monitoring will be included

3. Corrective Action/Systemic Changes:

the appropriate sink.

concentration of the solution.

in the quarterly QAA report.

The new dispensing equipment was installed for

A new documentation record was developed

according to the proper procedures and

2/12/15

2/12/15

2/12/15

2/12/15

Ongoing